JEFF KRAUT: Ladies and gentlemen… Could you take me off mute? OK. Thank you. I just want to give you an update. We were hoping to begin the Establishment and Project Review Committee meeting today, and unfortunately we are unable to get a quorum that permits me to open the meeting and have testimony. Secondly, as you know, the issue that was gonna be before the committee was focusing on the quality data. We have several members who are unable to make it who wanted to participate in the discussion of this. This was an important issue for the project review committee to have a thorough discussion and hear about the quality information and for those two reasons we are going to put this project, 132178E on to the next agenda of the project review committee. We're unable to do so today. At 10:00, we will begin the deliberations of the full Council meeting and that will be done by Dr. Streck in Albany.

[BREAK]

WILLIAM STRECK: Jeff….

JEFF KRAUT: Yes, Dr. Streck.

WILLIAM STRECK: Jeff. Mr. Kraut?

JEFF KRAUT: Yes, Dr. Streck.

WILLIAM STRECK: Our unofficial video camp here in Albany suggests that we've now attained a quorum. Are we correct? We could GO ON THEN.

JEFF KRAUT: Yes, we do. Our count is – we have 13. And actually Dr. Boufford just entered. Did you…? And Dr. Torres. Dr. Streck, when you are ready, you could do a roll call to validate that. You know, we'll do a roll call in New York when you are ready.

WILIAM STRECK: I think we are ready to convene the meeting of the Public Health and Health Planning Council. It's already been announced that the Establishment and Project Review Committee that had been previously scheduled for this morning has been deferred. The public has been notified of that fact and has additionally been notified of the fact that there will be a notice posted as to when anything considered by that committee planned for this morning will be dealt with at a subsequent meeting. So, for purposes of this meeting, in view of our disparate geographic locales, could we begin with a roll call and Jeff if you would conduct one in New York City, we would start there and then progress to the other sites.

JEFF KRAUT: Yes. Dr. Strange, so we…

Dr. Strange.

I'll just do it. We have Dr. Strange, Dr. Gutierrez, myself, Dr. Bhat, Dr. Boufford, Dr. Torres, Dr. Berliner, Dr. Martin, Dr. Boutin-Foster. Do you see a pattern here? All I know is if anybody…

WILLIAM STRECK: So, we just want to, from the Albany viewpoint where the snow is heavy, we want to acknowledge the fact that it is heavier still in New York City according to reports, so we commend all of you for your diligence in getting in and we wish you the best of luck in getting out. So now we'll move to Rochester, if we could.

VICKY HINES: Yeah, there are no doctors here, just Vicky Hines.

WILLIAM STRECK: We'll count your vote fully, Vicky. Alright.

VICKY HINES: Thank you.

WILLIAM STRECK: And Buffalo?

DR. GRANT: Dr. Grant is here.

WILLIAM STRECK: Dr. Grant. Thank you. So, Dr. Rugge and myself are here in Albany. That constitutes a quorum for the Public Health Planning Council, and so we will begin the meeting. I will begin by introducing myself again. I am Dr. William Streck, the chair of the Council and we will possibly welcome Dr. Shah to this meeting if his train can make it to New York through the snow. I'd like to remind council members, staff, and the audience that meeting is subject to the open meeting law. It is broadcast over the internet; the webcast may be accessed at the Department of Health's website and they are available no later than seven days after the meeting for a minimum of 30 days. As we all know, and particularly with these multiple geographic locations, there are certain ground rules that are important to observe. There is synchronized captioning. Most of the mics are live, particularly the ones in the New York City site, and so we ask that shuffling of papers and side conversations be limited so that we can effectively conduct the meeting. If you do have an issue and you feel it important to make that point, it might be best today to identify yourself when speaking since we have the multiple sites. And just, again, to remind about the hot mics situation. As a reminder for the audience, there is a form that needs to be filled out before you enter a meeting room, which records your attendance at these meetings. I presume those forms are available at all sites. It is required by the Joint Commission on Public Ethics. The form

is also posted on the Department of Health's website. So today, in addition to being geographically disbursed, our meeting is our annual meeting and we have a number of housekeeping measures that we would begin to address. We will appoint the Council's vice chair and announce the standing committee structure. We will consider revised observer guidelines. Mr. Dearing will guide us through that discussion. The routine Department of Health reports, we have deferred in consideration of the limitations of travel and weather for everyone today. The Public Health Services report will be provided by Dr. Boufford. The Health Policy report, Dr. Rugge will present. And Dr. Gutierrez will present the regulations for emergency adoption and adoption. And Mr. Kraut will present the project review and establishment committee recommendations and actions. At the conclusion of that work, the council will move into an executive session to consider a case arising under public health law, section 2801B. I would remind members and most of our guests who that we organize the agenda by grouping CON projects; this necessitates everyone however being aware if they have interest or a conflict and those notices should have been presented prior to the meeting. If there are, on new review, items where you should note a conflict or an interest, please do so now. With that, I would move to the annual meeting portion of our meeting today with the election of the vice chair.

JEFF KRAUT: Dr. Streck… Dr. Streck, excuse me. I just want to announce that Dr. Yang has joined us, as well.

WILLIAM STRECK: Thank you. So, we'll move to election of the vice chair and I would entertain a motion for Mr. Jeffery Kraut to continue to serve as Vice Chair of the Public Health and Health planning Council. May I have a second?

ANGEL GUTIERRZ: So moved. I so move.

WILLIAM STRECK: Motion and second.
We're gonna limit debate on this topic. Those in favor, aye.

Aye.

WILLIAM STRECK: Opposed? Thank you. In accordance with the… Congratulations, Mr. Kraut.

JEFF KRAUT: Thank you.

WILLIAM STRECK: In accordance with the… in accordance with the Council's bylaws, all special committees that have completed their task and have not previously been discharged from their duties by the Council are to be discharged at the annual meeting and for that reason, and today we will discharge

the Ad Hoc Advisory Committee on Environmental and Construction Standards. That group had a very detailed charge and the members work on that was diligently completed and in record time; very pertinent, very important to New York State after all the effects of the hurricane. On behalf of the Council, I would like to thank the members of the committee and the Department staff for their thorough review and report. The committee is now officially discharged from the Public Health and Health Planning Council standing committees with deep appreciation. That was a great effort and a very important one, so thank you. In regards to other committees, our standing committees, we will be making no changes in the chairmanships or vice chairmanships of those committees, so that you can refer to our table that has been previously published, so all committee chairmen will continue. I would like to acknowledge the work of all the committee chairmen, all of which have done excellent jobs and we look forward to another productive year from each of these committees. We'll then move to the adoption of the minutes and I would entertain a motion for adoption of the December 12, 2013 Public Health and health Planning Council minutes.

ANGEL GUTIERREZ: So moved.

WILLIAM STRECK: Seconded.

Discussion? Hearing none, those in favor, aye.

Aye.

WILLIAM STRECK: Thank you. And a motion for adoption of the January 7, 2014 special Public Health and Health Planning Council minutes.

ANGEL GUTIERREZ: So moved.

WILLIAM STRECK: I have a motion for approval.

ANGEL GUTIERREZ: So moved.

WILLIAM STRECK: Thank you. Second?

[Second.]

WILIAM STRECK: Let’s pick up the pace. OK. Any further conversations? Those in favor, aye.

Aye.

WILLIAM STRECK: Thank you. We’ll now move to our first topic of today and I’ll introduce Mr. Dearing to present for

adoption the revised observer guidelines for the Public Health and Health Planning Council. Jim.

JIM DEARING: Great. Thank you, Dr. Streck. The Council has had, over time, you know, since its beginning and the predecessor entity had guidelines for committee observers and also guidelines for the full Council meetings. And in— besides those guidelines there has been a long-term policy whereby it's been said if someone wants to provide written materials to the Council, they need to provide those materials to the council secretary at least 72 hours in advance. Those have been long-standing policies and for the most part I think people have recognized those and are fine with them. In recent history there have been some issues where outside entities who knew of these policies apparently decided to disregard them and provided materials, not only within the 72-hour time period, but also at times during meetings or at the meetings. And that presents real fairness issues from the standpoint of council members. It doesn't give council members a full and fair opportunity to review that input and also presents fairness issues with regard to the process in general for others who might have different positions and followed the rules and didn't have an opportunity to respond to new submissions. So the Council had asked us to please draft proposed revisions to the guidelines to make these policies more formal and so we've done that. So you'll have two

documents: one document is the guidelines for the committee proceedings and the other is for full Council. I'll run you through the changes that we've made. The main change and the change that you had requested is number seven on both documents. And we think it reflects the policy that has been in effect. It says no written correspondence shall be distributed to the council members on the day of the meeting. All correspondence addressed to council members shall be sent to the Council's executive secretary no later than 72 hours prior to the meeting in which the matter of the correspondence appears on the agenda. We made a couple other changes that I want to bring to your attention with both documents on number two. That was a provision that related to the ability to go into executive session. Since we're making a suggested change to the guidelines, we figured we'd clarify on number two to make it more clear. So we added the reference to the public officers law, section 105, which relates to the ability to go into executive session. And then one other change which I want to bring to your attention and actually ask if we can reverse it. With the guidelines for committee observers and participants, we had actually struck out the "and participants" in the title and the "and participants" in the first paragraph and actually, upon further review, I think we still need that. The committee meetings have people who provide public comments, so that's why the participants reference was there to begin with, so I would

suggest that we leave that in. So that would leave the only two changes—the tightening up of the language with regards to executive session and the language that you had requested with regard to procedure for written submissions to the Council.

WILLIAM STRECK: Thank you, Mr. Dearing. Are there comments or questions about these proposed revisions by members of the Council?

JEFF KRAUT: We have a question from Dr. Berliner.

HOWARD BERLINER: Colleen, when does the public get the packet generally? I mean, how far in advance of the meeting?

COLLEEN: I think it's mailed out that Tuesday prior to… like if it was a committee day, it would get mailed out that Tuesday or put on the web. And for full Council, it's typically a Wednesday or a Thursday that we try to get the materials out.

HOWARD BERLINER: Thank you.

JEFF KRAUT: And… but just to make a point, it is placed concurrently when we're notified, so the public and the Council get it concurrently. OK. Dr. Martin. I'm sorry, Dr. Streck, I'll… OK.

GLENN MARTIN: So, no my question is I don't see anything… I see here about written correspondence to the Council and it should go to the secretaries and the like. There's nothing here about being contacted individually for, you know, lobbying close to the polls. Is there any formal policy of that? Is that in this policy or is it separate policy?

JEFF KRAUT: So, Dr. Martin asked about *ex parte* communication.

JIM DEARING: Sure, and I can address that. Previously we provided guidance with regards to *ex parte* communications and the recommendation has been to avoid improper influence that if someone contacts the council member, wants to speak with them individually, is that the council member asks so everyone on the Council has the information that either the individual would come to a committee meeting to speak to the committee as a whole or provide a written submission.

JEFF KRAUT: There are no other questions in Manhattan.

WILLIAM STRECK: Are there other questions from other council members in regard to the proposed policies? The changes?

Hearing none, I would entertain a motion to adopt these proposed changes.

ANGEL GUTIERREZ: I'll move.

WILLIAM STRECK: Motion to approve them. And a second. Is there further discussion? Hearing none, those in favor of adopting the proposed observer guideline revisions, please say "aye."

Aye.

WILLIAM STRECK: Opposed? Those are now passed and accepted. Thank you, Mr. Dearing, for the time put in on that. We'll now move to Dr. Boufford to give a report on the committee on Public Health.

JO BOUFFORD: Thank you. We met in committee day last week and had a general review of the submissions made by the local counties and hospitals for the, their respective community health plans and community health needs assessments and community plans and I am gonna talk about those in a minute after that. And we spent a good bit of time on the issue of maternal mortality and now we best could bring attention to it. The staff had done, with Gus Birkhead's colleagues, had done a

really nice job at looking at the literature and one of the sort of overriding, if you will, risk factors of maternal mortality is unplanned pregnancy, especially in women over 35. There are about 45 percent of pregnancies over, for women over 35 in New York State are unplanned. And then these are women that are at higher risk. So—and this is part of a, it's consistent with a national literature—so we decided to focus on, if you will, the pre-hospital stage of addressing maternal mortality, mainly around prevention, with a special focus on preventing unplanned pregnancy, sort of through the life course, which means early advice to young women as they enter the sort of… the childbearing ages. And then especially women as they move along to, in life, to be sure that they have access to adequate family planning and counseling and guidance around planning their pregnancies. And then we also felt that sort of an extension of that was looking at high-risk women, women with early chronic disease (such as diabetes, hypertension, and others) and whom become pregnant is how are they identified in the primary care setting? Are there adequate referral networks, et cetera? So that's kind of the, we're stopping short of the hospital door because there is a lot of work going on with New York State ACOG and others on the management of risk in the hospital. Our plan is to begin on, perhaps with an extended meeting on the 27th of March. We're still determining this, could be maybe three-four hours. We're gonna take a page from the Health Planning

Committee's book and invite in a series of stakeholders who are, in fact, providing family planning services and primary care services to high-risk women and find out what they are doing. Ask them to tell us is there anything that's in the way? Is there anything that we could do to make it helpful or just to, by inviting them, invite them to find out what they are doing and look at this issue a little more closely. So, we have a potential list of invitees that we talked about and we'll have a conference call just to determine who gets the invitations shortly. So we're happy with that way forward and we'll see what emerges from there. The other piece we're tracking on maternal mortality is that the new patient safety and quality Committee that Commissioner Shah convened a couple of months ago that was actually gonna be tomorrow but was cancelled as the charge to pick up the legislative action that charges the Department to focus on perinatal health and safety and so we… we're gonna just keep tracking what that committee is doing in regard to that agenda as the, and just remind them of our interest in maternal mortality and make those connections. So, that's that part. And then yesterday we had a very well-attended and thank you to the Public Health committee members—Dr. Bhat was there, and Patsy Yang—to discuss… this is the group that is our public/private partnership group, if you will, that they were probably, I say between 20 and 30 people in three locations, all active. These are people who are of the Hospital Association of new York

State, New York City, the Medical Society, the health plans, a number of advocacy, special advocacy groups, New York State Heart Association, cancer, perinatal networks—it's a very interesting variety and we've been meeting for about three years now, reincarnated a little bit after this council was merged. And this group is also has been steering the Prevention Agenda from the beginning and we're now at a fairly critical stage where we want them, part of their responsibility as steerers is to activate their members to become engaged with the local community coalitions that are created, have been created by the Prevention Agenda. So, there— I am trying to get Sylvia's email. I don't have it yet. OK. The— so we have kind of, we gave them lists of individual contacts at local health departments who are leading the Prevention Agenda around the state in their counties that would be prepared to receive calls to say we want to get in. We had a lot of good ideas, brainstorming ideas, about how individual groups could mobilize their local members and also upcoming meetings, state meetings, professional association meetings, in which we could present the plan for the Prevention Agenda to get local engagement. We had a presentation at our invitation by Lisa Ulman, representing Karen Westervelt on the regional health improvement collaborative, because we see a very close connection to the development of those regional entities to make sure the population health agenda is part of the representation in the governance or in the RFA for those that

apply that they are able to respond in that area. And it is one of the sort of five pillars of the RHIC agenda, so that was really, I think, very valuable presentation. A lot of good points made by the committee members about the importance of including population health and including multiple stakeholders in the sort of governance of those entities. We had a review of the overall analysis so far. Each of the submissions from the counties and hospitals, I think all the counties have submitted their—two or three hospitals still out—but the, they have all been reviewed by at least one reviewer; there's a second reviewer happening, they have a set of criteria which they presented to us. The most frequently selected issue to work on is chronic disease prevention; the second-most frequent is mental health and substance abuse, followed by safe and health environments. And the, there are sub-objectives in each one and we're getting to understand, you know, sort of how each community is gonna be focusing and what their plans are. There are on-going concerns from the communities, community coalitions, that they need more technical assistance in terms of beginning to think about their implementation and then also on the measurement and evaluation of the results of what they are doing and there are efforts afoot to begin to try to respond to that. And that led to—and we'll have more analysis going forward. On who's at the table, I think virtually every county grouping included a hospital and a health department because thy

were mandated to do that and they were part of it, but about 45 percent of all counties reported community health centers were involved in the conversation, about 40 percent reported some NGOs and other involved in the conversation—these, of course, this is all high-level kind of analytics. So our goal is to really develop county-by-county, an ability, maybe through a kind of mapping process or something, to highlight which counties are working on which issues to understand which— who's at the table in each of the counties and who is missing. And we had a very good conversation with the business community about getting involved in this. We then heard from the New York State Health Foundation who has made a commitment to a half-a-million dollar commitment to community-level implementation planning and measurement of the plans that are approved. They put out an RFA, I believe in October or November, and they got 23 applications in. It's a matching grant, so it will be up to [$]50,000 are eligible, but they are getting some interesting proposals in asking for smaller amounts of money. And there is a concern about the matching requirement, but the foundation indicated that they would be flexible and give—there's a period of about a three-month period once the award is made to pull together the matching funding, and I think the conversation yesterday was good because people started talking about getting beyond thinking about writing a grant for it and think about trying to get the business community engaged or getting other, you know,

institutions in the community that are able—cause these are really small amounts of money, usually $10,000, $20,000, et cetera, so—the Northeast Business Group on Health was present and they were very supportive and indicated they are gonna— they invited us to present at the next meeting of their leadership group and that they want to make this their priority area. We heard from an existing technical assistance provider—the DASH, which is the New York State Obesity Prevention Policy Center who has been working on chronic disease technical assistance around the state built on a base of obesity work that they have been funded for in the past. And Gus Birkhead has also encouraged the grantees in local communities and some of these specific grant areas, like women's' and children's health and other issues to engage other grantees and he's actually submitted a—I am trying to get Sylvia's email here—he has actually submitted direction to them to any of the grantees in particular geographic communities who are getting money from the state on any of these categorical areas are being asked to connect to the local prevention agenda coalition and begin to work with them. So, let's see. New York City, we had a very good report, Patsy Yang is here. She may wish to say a word, but it was a kind of tag-team between greater New York Hospital Association and the New York City, the City Health Department, really for the first time, reviewed the hospital committee plans and ranked them

against the Prevention Agenda and take Care New York criteria. Do you want to say a word or two about that, Patsy?

PATSY YANG: Sure, thank you. It was actually, it was unprecedented for our local health department to be able to sort of stand in the shoes of the Health, the State Health Department and for the State Health department to extend its regulatory authority to let us do that. So that was, we basically reviewed 26 community service plans that came in, ranked them and submitted them to the state. Sort of noted where they toggled to the Prevention Agenda and had cross-walked the Prevention Agenda to Take Care New York, which is the City's own version of the Prevention Agenda. Asked hospitals to voluntarily pledge to one or more of the initiatives under Take Care New York, which is prevention in up-stream, across 16 different areas. So, actually 50 percent of them pledged to sort of chronic and tobacco and physical activity and stuff like that, so it's all good. We're working with them to get metrics up, hooking them up with our program contacts too, with a goal there of either giving technical assistance to support their programs, their initiatives, or expand what they might already be doing, and get some metrics and start monitoring their progress. So, it's good. Yeah.

JO BOUFFORD: That's great. And we also had a tag-team from HANYS and the New York State Association of County Health Officers, and also what they're doing to support their relative members. HANYS has been one of the major TA providers under a small grant that was received from the Robert wood Johnson foundation and they're eager to move forward and HANYS is to move forward and work more in the implementation and measurement stage and then we finally had a presentation from the OASAS representative who also was talking on behalf of the Department of Mental Health and described some of the structures that exist at community and county level for mental health and substance abuse and how they might really try to mobilize and join the… encourage their members to join the local coalitions and they may have capacity to provide technical assistance in these areas, so that will be a follow-up item that we'll be working on, but they have been very active in making sure that everyone in their universe knows about the Prevention Agenda. We, I think, identified two or three areas that we need to really focus on going forward. One, of course, is to make it easy for these organizations to mobilize their members. We went through a public commitments conversation, so we have a few people on the record to say, I'll do this, I'll do that, and we're gonna be seeking out others so that we'll know what's going on around the state and making it easier for them to contact and get into the conversation at the community level. We identified a continuing

gap in our approach to the disparities issues. I think most communities did identify a health disparity that they're tacking as they were directed to do, but most are having some difficulty conceptualizing what the intervention would, how they would mobilize an intervention and how they would measure it and this has been an area we've know has been a problem from the beginning. Yvonne Graham was at the meeting; we hope to really engage, especially at least on the issue of obesity and unfortunately Carla wasn't able to be there, but I know she's committed to this, to really at least focusing on obesity use that perhaps as a marker since that's an agenda item that the Minority Health Council is working on. And then kind of figure out how we might get a little working group going with some technical support from experts in the state. We've thought about this for awhile, but the movement of getting everything going, we thought we'd wait and see how it came out if we need to do it. So we're gonna have to work on that. And I think that's mainly it. So, a lot of energy, good people want to meet again, probably when the weather's nicer in early May-late April, just to— by then we'll have a very detailed analysis of what's come out of each of the communities, you know, some of the ability to look geographically and I think it will help us, hopefully, inform the RHIC process, as well. And then about the same time that the SIM grant goes on the street, hopefully if that money comes through, then we will have a basis for knowing which

communities have identified the issues they want to work on and how they might link to the delivery system in that community and these issues. Thank you.

WILLIAM STRECK: Thank you, Dr. Boufford. Are there questions for Dr. Boufford on her report?

JEFF KRAUT: Yeah, I have one. I mean, it's not really a question so much as a statement, I mean, I think this is if you listen to the amount of activity in and of itself is impressive. The fact it's actually regionally coordinated is really is what the most impressive part is. So, I commend you and the Department for, you know, kind of getting everybody in the room and the region to try to focus on one or two, three things.

JO BOUFFORD: I don't want to claim that we've had that kind of success, but at least people are thinking…

JEFF KRAUT: It's a beginning.

JO BOUFFORD: You know, community to region, and I think it provides an infrastructure for really thinking about how the RHIC process would go forward and there'll be a lot of homework done that can be provided to the regional health planning activity.

WILLIAM STRECK: Jo, I have a question for you, if I may. Trying to link all this together, you talked about the public/private partnership that you had going on for two years and activating those members, and I am just trying to be clear—are you activating those members to go work with the community coalitions? I mean, is that, is that the idea? And then the community coalitions—I'll finish my question—you said had prevention, substance abuse, and the environment as issues now and I guess, so I have two questions. How are these related, the public/private? But the final question sort of comes to Jeff's—what's the final common pathway to get something, to get product out of all this work?

JO BOUFFORD: Well, the State is measuring, tracking, I believe the number is 95, 96—I don't know if Sylvia or Gus are in the room—measurements at the state level on issues that are on the five issues. What they've done is there's a big technical assistance package and a metrics package that's been developed to back up this work and if you go on the DoH website, there's a nice blue button, you push it, you get in there. That portal provides all this information. So the State will be tracking a set of evidence-based indicators on the five priority areas, objectives, and subobjectives that have been identified for action and they have a target, each of them has a target, and

the State will be tracking that at the macro level. The challenge, I think, is the, you know, that happens and as with anything in public health you can't necessarily claim, because everything is multi-factorial, that what you did at a local level is what moved the needle and then, as Gus pointed out yesterday, the data lags by about a year, a year-and-a-half. But at any rate, the goal will be the local communities collaboratively identifying two of the state objectives and one disparities objective that they are gonna work on that link to the Prevention Agenda. They can do other things, but they have to do two that are on the Prevention Agenda list and a disparity and then they will then be reporting their, what they are working on, how they are working on it, and how they are going to measure their success at the local level to the State. So it's a aggregate tracking, but part of the challenge of getting resources and technical assistance to the local level is the ability to have, I think more sustainable coalitions working on health issues over time and addressing these issues. Our hope with ad hoc leadership group is that if they're in Syracuse, which has just had been a reasonably visible group because the hospital there has been very active in engaging other stakeholders and I think the insurers have been involved there. If, let's say, I'm just making this up, but there's no… there are three major businesses in Syracuse that aren't involved in the Prevention Agenda. What we would hope is the Northeast

Business Council would contact their members in that community and say there's, you know, there's a Prevention Agenda coalition, here's the name of the local health officer, they are working on the following issues, and you should see, you know, how you might connect and support their work. I mean, we can't make them, but that's kind of the idea is to make an invitation, they would— their membership organization would extend an invitation for engagement at the local level. Does that make sense?

WILLIAM STRECK: Thank you. Other questions or comments on Dr. Boufford's report? Thank you very much. We'll now move to the health policy reports. Dr. Rugge will provide an update on the activities of the Health Planning committee.

JOHN RUGGE: Good morning. I have brief update. The Planning committee was in rest mode very briefly. I presume everyone on the Council and in the room was pleased that the recommendations, our recommendations as a Council regarding ambulatory care services are contained on block in the Governor's budget proposal. More to follow. Let's only hope. The draft of our report is in near-final shape and will be soon, perhaps next week, transmitted to members of the council for any editorial comment you may have. Next up for the Planning

Committee will be a meeting, and all-day committee meeting sometime prior to next council meeting for consideration of our two carry-over items—high-end imaging and radiation therapy. And in addition, we look forward to the coming months and this coming year, again, I am sure we have all noted that RHICs, regional health improvement collaboratives, have been proposed to be established by the Governor and not only that, proposed financing to make them quite real. The question is what role should the PHHPC have in its planning capacity to collate the reports and the undertakings of these regional collaboratives and then consider the implications for statewide action and statewide policy based on those regional activities. So really looking at shaping how planning will be conducted with the role of PHHPC to go forward. With that, we can move on to other business.

WILLIAM STRECK: I think that’s a personal record, John, for your Committee.

JOHN RUGGE: I don’t think I am insulted. [laughter]

WILLIAM STRECK: It’s a tribute to the work of the committee and the fact that rest mode is warranted with all that’s been accomplished, so thank you. With that, we’ll move on

to Dr. Gutierrez, who has the report of the Codes and Regulations Committee.

ANGEL GUTIERREZ: Thank you very much. Good morning, everyone. The Codes Committee meeting on January 30th reviewed three regulations. One for emergency adoption and two that were for adoption. The emergency proposal concerned children's camps. This measure on the agenda for a fourth emergency adoption amends sub-part 72 of the New York State Sanitary Code, and has been continuingly in effect since June 30th of 2013. There are no changes to the versions approved earlier. It is needed to ensure the safeguards remain in effect until the permanent version is adopted. The Department continues to work closely with the Justice Center staff regarding additional concerns and clarifications regarding significant incidents and clarification on what mandated reporters we need to address and report. Once finalized, the permanent version will be presented for adoption. The Committee unanimously voted to recommend adoption to the full Council and I so move.

JEFF KRAUT: I have a second.

WILLIAM STRECK: Thank you. It's… so, the recommendation has been moved and seconded. Is there debate or discussion on

the recommendation? Hearing none, I would ask for those in favor to say “aye.”

[Aye.]

WILLIAM STRECK: Opposed? Thank you. Dr. Gutierrez.

ANGEL GUTIERREZ: The next item on the agenda…

WILLIAM STRECK: Dr. Gutierrez, get a little closer to the mic. It’s a little… we’re having a little trouble hearing here in Albany. A little more volume for New York.

ANGEL GUTIERREZ: In the previous version… Dr. Foster abstained. Abstained. I’m as close to the microphone as I can be.

JEFF KRAUT: Dr. Streck, just for the record, we had 13 affirmative votes on the emergency adoption motion.

WILLIAM STRECK: Thank you.

ANGEL GUTIERREZ: The next item on the agenda, the definition of “severe pediatric sepsis.” It was amended to

assure consistently with established definitions and avoid confusion.

JEFF KRAUT: Pardon me, just a moment. Mr. Kraut, the sound system is not adequate for Dr. Gutierrez.

JEFF KRAUT: OK. Hold on. We will, we'll try to adjust it manually.

WILLIAM STRECK: OK. Maybe just a different microphone.

JEFF KRAUT: Go ahead, try it now. Don't lean in.

WILLIAM STRECK: That's manual.

ANGEL GUTIERREZ: The next item on the agenda updated the definition of severe pediatric sepsis.

WILLIAM STRECK: Thank you.

ANGEL GUTIERREZ: It was amended to ensure consistency with established definitions and avoid confusion by hospitals and clinicians. The original definition states that for pediatric severe sepsis shall mean sepsis plus two organ dysfunctions or acute respiratory system. This proposal states

that “for pediatric severe sepsis shall mean all sepsis plus one of the following: cardiovascular organ dysfunction or acute respiratory distress syndrome, or two or more organ dysfunctions.” The Committee unanimously voted to recommend adoption to the full Council and I so move.

WILLIAM STRECK: It’s been moved. Is there a second? That’s it, I see a second.

ANGEL GUTIERREZ: We have a second.

WILLIAM STRECK: Further discussion? Discussion from any member of the Council? Hearing none, those in favor of the motion as made please say “aye.”

Aye.

WILLIAM STRECK: Opposed? Thank you. The motion passes.

ANGEL GUTIERREZ: The last proposal discussed the advanced directives provision. The purpose of this change is to update Title 10 via section 400.21 to conform to changes in the Public Health Law pursuant to the Family Health Care Decisions Act, article 29-CC. And changes set forth in chapter 8 of the laws of 2010. Section 400.4, orders not to resuscitate, and

700.5, advance directives, should be repealed, as they are no longer valid, while the health care proxy law in article 29C outlines health care agent and proxy provisions to allow someone to designate another adult to make treatment decisions if he/she becomes incapacitated and unable to do so. The family health care decision acts, in article 29-CC would fill the gap by establishing a decision-making process where a surrogate is selected and empowered who makes the decisions for incapacitated individuals who have not otherwise appointed an agent pursuant to the health care proxy law or provided clear and convincing evidence of their treatment wishes. These provisions will require facilities to develop, implement, and maintain written policies and procedures addressing advanced directives and hand out to teach adult patients or residents or family members the Department’s guidance in title 1, deciding about health care for patient and families, and 2, appointing your health care agent, New York State health care proxy law. To implement the patient’s wishes regarding CPR and other life-sustaining treatment, facilities may utilized a Department-approved form for medical orders for life-sustaining treatment, otherwise known as MOLTS. It must provide information about MOLTS to patients with serious health conditions who, number one, want to avoid or receive or life-sustaining treatment, or, number two, can reasonably be expected to die within a year. The committee unanimously voted to recommend adoption to the full Council and I so move.

JEFF KRAUT: I'll second the motion.

WILLIAM STRECK: A motion and a second is on the floor. Is there discussion about the motion?

[So just a question or a comment.]

WILLIAM STRECK: Hearing none.

JEFF KRAUT: No… no… Dr. Streck.

WILLIAM STRECK: I am sorry.

JEFF KRAUT: Dr. Strange has a comment… question.

WILLIAM STRECK: OK.

DR. STRANGE: Hi. No, again, as somebody who works in the hospital quite a bit, I mean this is a change in culture where we've gotten in, we have dealt with health care proxies and Medicare is pushing towards those kinds of things. This is going to be a major educational piece that's gonna have to occur because it's gonna be a major cultural change with all of our current inpatients, because that wordage or that language is

still being used and utilized up on the floors and rounds everyday. So I just, I am not opposed to this at all, I just think we need to understand and recognize the depth and breadth of how we're gonna have to do this.

WILLIAM STRECK: Are there additional comments? Hearing none, those in favor of the motion as made and seconded, please say "aye."

Aye.

WILLIAM STRECK: Opposed? Thank you. The motion carries.

ANGEL GUTIERREZ: That, Mr. Chairman, concludes my report. Thank you, very much.

WILLIAM STRECK: Thank you, Dr. Gutierrez. We'll now move to the project review recommendations and establishment actions. Mr. Kraut is chair of that committee and will conduct his part of the discussion. Jeff.

JEFF KRAUT: Thank you, Dr. Streck. We're just checking on something. I've grouped the applications. We have some that we have to take individually because of conflicts or recusals. Application 132207C, New York Presbyterian Hospital-Columbia

Presbyterian Center in New York County. We have a conflict declared by Dr. Boutin-Foster and an interest declared by Dr. Martin. Dr. Foster, Boutin-Foster is leaving the room. And she has left the room. This application is to renovate space on campus to create a new 16-bed maternity unit, certifying 12 new maternity beds, and relocating 4 exiting maternity beds from another unit. OHSM and the establishment Project Review committee recommend approval with conditions and contingencies and I so move.

ANGEL GUTIERREZ: Second.

WILLIAM STRECK: The motion and a second. Is there discussion? Could I just ask before we vote, what is our total quorum count from which we are subtracting people when they leave?

JEFF KRAUT: Go ahead. Colleen is gonna answer.

COLLEEN: We have a total of 14 members. And we need 13 members in order to pass a vote.

JEFF KRAUT: So, Dr. Streck, we have one member has left the room and we need, in order to pass this motion, we would need all members working— voting unanimously.

WILLIAM STRECK: Thank you.
OK, so we have— we're tracking everyone.

JEFF KRAUT: Dr. Grant's back.

DR. GRANT: I forgot XXX, I am so sorry.

WILLIAM STRECK: That's OK. The drone has you in sight, so… OK, so we are in a situation where it requires a unanimous vote for every application that's coming before the committee today. If we have one recusal…

JEFF KRAUT: Recusal.

WILLIAM STRECK: And we do not have enough votes on any application, if there is more than one recusal. Is that correct?

JEFF KRAUT: That's correct.

WILLIAMS STRECK: Colleen, I am confirming this.

JEFF KRAUT: Yes, you are correct.

WILLIAM STRECK: OK. With those ground rules in order, we will proceed. We have an application on the floor for New York Presbyterian Hospital. Those in favor of the proposal as presented, please say “aye.”

Aye.

WILLIAM STRECK: We’ll do this verbally, assuming any nays will be from the residual group. So those in favor, aye.

Aye.

WILLIAM STRECK: That would be a unanimous vote unless there is a nay. Is there a nay? Or an abstention? Alright, this motion carries. Thank you.

JEFF KRAUT: OK, Dr. Boutin-Foster is returning to the room. Application 132199C, NYU Hospital Center in New York County. A conflict has been declared by Dr. Brown, who is not attending today. This is to renovate the third floor extension clinic located at 240 East 38th Street in Manhattan and certify multispecialty ambulatory surgery for ENT and ophthalmologic procedures. OHSM and the committee recommend approval with conditions and contingencies and I so move. We have a second by Dr. Gutierrez.

WILLIAM STRECK: Is there discussion on the motion as presented? Hearing none, those in favor, aye.

Aye.

WILLIAM STRECK: Opposed? That would be… there would have 13 votes there, 14 votes. Abstentions? Are there 13 votes?

JEFF KRAUT: There are 13 votes.

WILLIAM STRECK: Thank you.

JEFF KRAUT: There are 13 votes not including… 13 votes not including the chairman.

WILLIAM STRECK: The chair abstains. The chair prefers to abstain, so we have 13 votes and this carries. Thank you.

JEFF KRAUT: OK. Application… Application 132205C Strong Memorial Hospital in Monroe County. We have a conflict declared by Ms. Hines and Mr. Robinson. Ms. Hines will be leaving the viewing room in her location and an interest declared by Mr. Booth. I am assuming Ms. Hines has left the room. This is to certify— this is to certify an ambulatory surgery multi-specialty services in an existing extension

clinic, located at 156 West Avenue in Brockport with requisite construction. OHSM and the Committee recommend approval with conditions and contingencies and I so move.

ANGEL GUTIERREZ: Second.

JEFF KRAUT: Second, Dr. Gutierrez.

WILLIAM STRECK: There is a motion and a second. Is there discussion? Hearing none, those in favor vote aye.

Aye.

WILLIAM STRECK: And the chair votes with the group and that would mean 13.

JEFF KRAUT: OK, I am going to pause for a moment. We are calling Ms. Hines to have her return to the room since nobody else is there to tell her that. Yeah, if somebody, there’s some background noise that we’re picking up. It sounds like a news channel that we’re hearing. Thank you. Did you get a hold of Ms. Hine. Ms. Hine has returned to the room and it has been confirmed verbally. Application… I am going to group the next two applications. This is 132210C Cayuga Medical center at Ithaca in Tompkins County where an interest was declared by Mr.

Booth to certify a single-specialty ambulatory surgery extension clinic, and application 131309C Jamaica Hospital Nursing Home, a company in Queens. An interest declared by Mr. Fassler, to renovate and certify four residential health care facility beds. OHSM and the Committee recommended approval with conditions and contingencies with both these applications and I so move.

ANGEL GUTIERREZ: Second.

JEFF KRAUT: We have a second.

WILLIAM STRECK: Motion and a second. Is there any additional discussion? Alright, those in favor, aye.

Aye.

WILLAIM STRECK: With no recusals that would be 13 with the chair abstaining. Thank you.

JEFF KRAUT: Application 132354C Alpine Home Health Care, LLC in the Bronx County. A conflict had been declared by Mr. Fensterman, who is not attending today. This is to expand the service area of an existing certified home health agency to include Rockland County. OHSM recommends, and the committee recommends with condition and I so move.

ANGEL GUTIERREZ: Second.

JEFF KRAUT: OK, and…

WILLIAM STRECK: Motion and a second.

JEFF KRAUT: And, Dr. Streck, we're gonna, Mr. Abel would like to make a comment and refer the Committee to the documents that were sent to us.

CHARLIE ABEL: Thank you. Just want to call the members' attention at the Establishment and Project Review Committee, we had a request for the more-detailed need analysis as has been the past practice with some of the RFA CHHA approvals, so that's been distributed. There's one document that applies to both the upstate and the downstate Alpine applications. They were submitted as one application in the RFA and assessed on need based on that one application and the Department requested, because of the diverse locations proposed to be served, the Department requested that two CONs be submitted to establish a downstate CHHA and an upstate CHHA. So hopefully that material that was prepared by our home care division is satisfactory. Thank you.

JEFF KRAUT: Dr. Streck, I just want to announce that Dr. Palmer has joined us as our 14th voting member.

WILLIAM STRECK: Thank you. Are there any other comments in regard to the motion that is on the floor regarding Alpine Home Health Care? Hearing none, I would ask for those in favor of the motion as presented to say “aye.”

Aye.

WILLIAM STRECK: Opposed? None, so that would be 13 aye votes, counting Dr. Palmer OR myself, so that would pass. Alright, Mr. Kraut.

JEFF KRAUT: I am going to group them…
Hold on. OK. Application… I am going to group the next seven applications. This is going to be application 131036C Little Neck Care center in Queens County with a conflict declared by Mr. Fensterman, to transfer 82.5 percent ownership to four new members. Application 1311159E Morningside Acquisition, a one-act LLC d/b/a Morningside House Nursing home Company in the Bronx county, conflict declared by Mr. Fensterman and an interest declared by Mr. Fassler to establish the Morningside Acquisition LLC as the new owner and operator of Morningside House Nursing home Company. Application 131348E Shoreview Nursing and

rehabilitation center in Kings County with a conflict declared by Mr. Fensterman, establishing Shoreview Acquisition, LLC as the new owner and operator of Shoreview Nursing home. Application 132071E Steuben Operations associate, LLC, d/b/a Stueben Center for Rehabilitation and Health Care, a conflict declared by Mr. Fensterman, to establish Stueben Operations Associate, d/b/a the Steuben Center for Rehabilitation and Health Care as the new operator of the Stueben county Infirmary. Application 131092E Shorefront Operation LLC, d/b/a the Waterfront Rehabilitation and Health Care Center in Kings County, conflict declared by Mr. Fensterman with an interest declared by Mr. Fassler to establish the Shorefront Operating LLC to become the new operator of the Shorefront Jewish Geriatric Center, an RHCF with an off-site adult day care program located in Brooklyn. Application 132115E Visiting Nurse Service of New York for Kings County, interest declared by Mr. Fassler, Ms. Hines, to establish the VNS of New York Home Care Two, d/b/a VNS of New York Home Care as the new operator of the Brooklyn Hospital Center Certified home Health Care Agency. And application 132264E Visiting Nurse of New York Home Care Kings County with an interest declared by Mr. Fassler and Ms. Hines to establish the VNS of New York Home Care Two as the new operator of the Brookdale Hospital Medical Center Home Care Department. OHSM and the committee recommended approval with a condition and contingencies on all of these applications and I so move.

ANGEL GUTIERREZ: Second.

JEFF KRAUT: Second by Dr. Gutierrez.

WILLIAM STRECK: We have a motion and a second for these grouped applications. Is there discussion by any member of the Council? Hearing none, I would ask for a vote on the motion. Those in favor, please say “aye.”

Aye.

WILLIAM STRECK: Those opposed? Abstentions? The chair abstains. Thank you.

JEF KRAUT: I just want to announce Dr. Shah has joined us in the room. So, we have another vote. So the next application is the second application that Mr. Abel referred to regarding Alpine Home Health Care, it’s application 132353E Alpine Home Care for Erie County. A conflict has been declared by Mr. Fensterman with an interest declared by Mr. Booth. This is to establish a new certified home health agency to serve Erie and Niagara Counties. OHSM and the Committee recommend approval with a condition and contingency and I so move.

ANGEL GUTIERREZ: Second.

WILLIAM STRECK: There's a motion and a second. Discussion? Those in favor.

Aye.

WILLIAM STRECK: Opposed? Abstaining, the chair. OK. Go ahead.

JEFF KRAUT: Motion carries. Application 2140L Harding's Beach, LLC, d/b/a Home Instead Senior Care, Monroe County. This is a conflict declared by Mr. Booth and interest by Ms. Hines and Mr. Robinson. Application 2213L Genesee Region Home Care of Ontario County d/b/a Home care Plus. The exhibit contains the counties that are being served. A conflict had been declared by Mr. Booth and an interest by Ms. Hines and Mr. Robinson. Mr. Booth is not in attendance today. OHSM and the Committee recommend approval with contingency and I so move.

ANGEL GUTIERREZ: Second.

JEFF KRAUT: Second, Dr. Gutierrez.

WILLIAM STRECK: The motion and a second. Those in favor.... further discussion, I should say. Hearing none, those in favor, aye.

Aye.

WILLIAM STRECK: Opposed? Abstention, the chair. Thank you.

JEFF KRAUT: Alright. I am gonna leave the room and turn the chair over to Dr. Gutierrez.

ANGEL GUTIERREZ: Application number 112086B, 1504 Richmond LLC, d/b/a Richmond Surgery Center in Richmond County. Mr. Kraut has recused himself and has left the room. Establish and construct a free-standing multi-specialty ambulatory surgery center to be located at 1504 Richmond Road, Staten Island. They would provide the following services: plastic surgery, gastroenterology, gynecology, ophthalmology, orthopedics, otolaryngology, and ophthalmology. OHSM gave conditional and contingent approval with an expiration of the operating certificate five years from the date of its issuance is recommended. The Committee recommended conditional and contingent approval with an expiration of the operating

certificate five years from the date of its issuance. With one member abstaining and one member opposing. And I so move. We have a second.

WILLIAM STRECK: Do we have a motion and a second?

ANGEL GUTIERREZ: Yes, we do.

WILLIAM STRECK: We do. OK, I am sorry, I could not hear that. So with a motion and a second, I would ask the group if there are comments or questions about this application and the motion to approve. Hearing none, those in favor of the application, please say “aye.”

Aye.

WILLIAM STRECK: Opposed?

DR. STRANGE: One abstention. Dr. Strange.

WILLIAM STRECK: One abstention. Two abstentions counting the chair. Thank you. Two abstentions still leaves 13. Yes.

ANGEL GUTIERREZ: The motion carries then and I am returning the chair to Mr. Kraut.

JEFF KRAUT: OK, application 131224E Visiting Nurse Service of New York Home Care in Dutchess County. An interest declared by Ms. Hines, to establish a certified home health agency operated by VNS services of New York Home Care to serve Dutchess, Orange, Putnam, Sullivan, and Ulster Counties. OHSM and the Committee recommend approval with a contingency and conditions and three members we opposing this application. So I move and we have a second by Dr. Gutierrez.

WILLIAM STRECK: Motion and a second. Is there discussion from any of the members who previously opposed this at the project review or others? Hearing none, I'll ask for a vote. Those in favor of the motion as presented, please say "aye."

Aye.

WILLIAM STRECK: Opposed? Abstaining?

VICKY HINES: Opposition. Vicky's opposing.

WILLIAM STRECK: Vicky Hines. Ms. Hines is opposing. Abstentions? Chair abstains. That would leave us with 13 votes. It's approved. The motion is approved. Thank you. Mr. Kraut, just before you continue to proceed, did you cover the very first item Center for Nursing Rehabilitation. We started with New York Presbyterian. Can you just check, go back to the first part of this.

JEFF KRAUT: Yeah, I think they actually moved everything around because we were afraid with the recusals we were gonna lose people. I think Dr…. But I want to ask, we do not see Linden on the… but where's the Category 1. I don't see it on this. I just want to check, where's Linden on this? Oh, it's… OK. We are gonna take up Linden after the next application, the category one. We are now going to go back to the way the agenda was, but we have one more application to…

WILLIAM STRECK: OK, thank you.

JEFF KRAUT: So, just for information, application 13178E, which was supposed to be— which is Big Apple Dialysis Management in Kings County, which was supposed to be the subject of a special project review in Establishment Committee meeting this morning. We were unable to establish a quorum and we had a number of members who certainly wanted to participate in the

discussion of the quality for, frankly the former but also for the latter issue, we have deferred that application to the next meeting of the Project Review and Establishment Committee. Yes, Dr. Boufford.

JO BOUFFORD: I just wanted to indicate I should be listed as a recusal there, I am on the HHC board. I was— I had that conversation with… Just for future, in case I don't call in and get it…

JEFF KRAUT: Right, but yes, we had four members who are… six members had to recuse themselves and that was the challenge of getting it in. OK. So, I would now like to call application 131225E Visiting Nurse Service of New York Home Care, Oneida County. A conflict was declared by Dr. Streck who is leaving the room. An interest was declared by Mr. Booth and Ms. Hines. Dr. Streck has left the room. This is to establish a new certified home health agency operated by VNS of New York Home Care to serve eight counties. OHSM recommended approval with a condition and contingency. The Establishment Committee was unable to reach a recommendation and it came forward to the Council with no recommendation from project review. I'll ask Mr. Abel to refresh our memory on this and also refer to the document we have received from the Department.

CHARLIE ABEL: The Committee asked for the more-detailed need review.

JEFF KRAUT: Alright. Mr. Abel, I have to make a motion and since Dr. Streck is not here I should, I am making the motion to move it. I need a second.
We have second, Dr. Gutierrez. Sorry. Mr. Abel.

CHARLIE ABEL: The… we, the Department provided the detailed need review.

JOHN RUGGE: Charlie, could you speak up, please.

CHARLIE ABEL: Sure. The Department has provided the detailed need review as requested. We had, we did not receive a sufficient number of affirmative votes for the recommendation, the Department's recommendation for approval at the Establishment and Project Review Committee two weeks ago and we had no other vote or motion presented, so the project moves forward to the full Council without recommendation of the Establishment and Project Review Committee, but the Department's recommendation for approval stands. Thank you.

JEFF KRAUT: Are there any discussion?

VICKY HINES: Yeah, in Rochester.

JEFF KRAUT: Yes, Ms. Hines.

VICKY HINES: Can you hear me. Yeah.

JEFF KRAUT: Yes.

VICKY HINES: So I just, for those of you who were not at the Establishment Committee, there was a significant amount of discussion about this application and clear opposition that was presented at the Committee. The vote was not— was negative, not because we didn't have a quorum, but simply because we didn't present a second motion, I think, to disapprove. I am strongly opposed to this, in part because there was no clear need established, even after discussing that question with the applicant. And notably they have no established relationships in the region and Upstate Medical, which you would expect to be a partner in referral sources, is in opposition to this expansion. So, I will continue to be strongly opposed.

JEFF KRAUT: Dr. Palmer.

JOHN PALMER: Just a question. The description of the DoH recommendation was approval. If I am on the right page, this says contingent approval.

CHARLIE ABEL: Oh, I apologize, it is contingent approval.

JOHN PALMER: Could you tell me why you recommend contingent approval.

CHARLIE ABEL: Sure, the standard contingencies that we have for these applications. Most of them are legal contingencies for certificate of assumed name, certificate of incorporation, the resolution for the board of directors, the executed bylaws. We do have a contingency for an executed building lease agreement and we do have, because this was a part of a full, part of a larger application with respect to numerous counties proposed to be served by the applicant, we have a contingency for incremental budgets for just this service segment. So, those are the contingencies. They are nothing extraordinary and the Department recommends contingent approval.

JOHN PALMER: Have those contingencies been met?

CHARLIE ABEL: Oh, no it’s the contingencies survive or will survive an approval by the Council. It’s not— it’s typical

for these contingencies to be satisfied post-PHHPC recommendation for contingent approval.

JOHN PALMER: Are there any major contingencies that fit that category?

CHARLIE ABEL: No.

JOHN PALMER: Thank you.

JEFF KRAUT: Dr. Gutierrez.

ANGEL GUTIERREZ: So, it’s procedure question. We have a motion and a second to go on with the approval with a condition and contingencies by the Department, but no recommendation from the Committee.

JEFF KRAUT: Yes. Yes. Any other questions? I wasn’t present. I couldn’t, I wasn’t able to stay for this discussion. Could just somebody refresh my memory and tell me, you know, this was a substantial number of letters with respect to this application from a substantial number of providers. Did that in any way, I mean, I know that probably came after the RFP review, it didn’t come as part of it. Did that carry any concern or

weight with the Department? You know, were there any causes that gave you pause for thought?

CHARLIE ABEL: Yeah, the Department staff reviewed that, all the material that was received. I'll characterize most of that, the bulk of those correspondence as being opposing increased competition or increased number of, an increased CHHA provider in the region, but we may have, in Albany, we may have a member from the home care division that may be able to speak more fully to that.

JEFF KRAUT: Becky, Becky are you attending?

BECKY GRAY: Yes, I am here. Can you hear me?

JEFF KRAUT: Yes.

BECKY GRAY: Charlie's voice trails off a little bit, so I am not quite sure if there was a question there.

JEFF KRAUT: Yeah, the question is that he just basically said the number of— the concern here was an additional competition going in here and many of the providers, you know, responding negatively; however, I would say, and I prompted the question by—we have a lot of providers, we approved a lot of

people in a lot of counties, but we didn't get quite this response from any other county, if my memory serves me correctly, including counties where we doubled the number of providers. And I understand this community, you know, has a history here of, you know, cohesive health planning and, you know, very organized health systems, so the question is did that carry any weight with the Department? Did you give this any special consideration?

BECKY GRAY: Our recommendations for approval were based on the submission of the applicant and their submission for their RFA and at that time there were no letters of discontent submitted with those applications. They had come in after our recommendations were made public.

JEFF KRAUT: And, just to refresh, also, my recollection is when we discussed this and you kind of teed-up the home care applications at the beginning of the last project review, you know, we are at the tail end here. We're going to come forward with, you know, now the issue is after the, you know, the thing is over, how much is too much in each county and, you know, how do we— we're gonna determine a need methodology that will have this more quantitatively based. [1:27:35] Is that correct, just going forward?

BECKY GRAY: Correct, we'll be making recommendations moving forward as to how to look at home care need in the future using established criteria that are recommended.
Not currently.

JEFF KRAUT: Yeah. Any other questions? Dr. Palmer and then Dr. Grant, if you have any, or Ms. Hines if you have any, I'll loop back. And Dr. Rugge.

Thank you.

JOHN PALMER: Given that need has not been established or at least we don't have an understanding of what it is exactly, what would happen if this particular program did not operate in the county?

CHARLIE ABEL: Well, let me make something clearer. The whole RFA process was begun and we worked through that RFA process because we knew we had an outdated need methodology and the RFA process was for each applicant to demonstrate need. Now, this applicant has demonstrated need consistent with every other approval that the Department has made and every other approval the PHHPC has provided. So, this applicant has, at least equally met that standard, as every other applicant has. That's the standard and the process that the Department recommended; the

standard and the process that the PHHPC endorsed. So, we are trying to apply that process and standard uniformly across all of the RFA applicants and this one, again, is… it has met that standard. So going forward, what, as Becky mentioned, we will be developing a new, revised need methodology. We'll be taking into account all of the changes that have been approved by this Council and all of the CHHAs that have become operational and, at some point in the future, will be advancing the tenets of that need methodology to this body for your endorsement and will be advancing new applications, potentially, for approval.

[KAREN WESTERVELT]: Charlie, this is Karen. If I may, I think some of the most vocal opponents as related to need, to the needs been met have availed themselves of moving into this very same counties that this applicant is proposing to move into.

JEFF KRAUT: OK. Ms. Hines, did you say you had a question or Ms. Grant?

VICKY HINES: I do.

JEFF KRAUT: Dr. Grant, I am sorry.

VICKY HINES: Yeah.

JEFF KRAUT: Go ahead. Go ahead, Vicky.

VICKY HINES: So, I… so just three points I'd like to make. First in terms of the need methodology, I just want to remind the Council that absolutely we have applied a, what we wouldn't think of I think as traditional need methodology, but a need methodology related to the RFA and it was applied and evaluated uniformly by the Department. I think a clear point is that we discovered over the last two years that that, all of the need proposals were based on the status of CHHA availability and need at the time that the RFA was submitted, so multiple applicants assume that they would be fill that unmet need and of course when you have no competitive process really around the need question, then you've got a problem. So, I also want to reiterate Jeff's point. I do agree that this would probably be only, I can only remember one other application that had strong opposition just on the merits of the application, but that this is certainly had the most. And thirdly, I think one of the things that the Establishment Committee was concerned about—and anybody else please correct me if you disagree—the applicant made it clear upon questioning that their primary purpose for expanding into the region was to support their MLTC expansion. They clarified that they didn't have existing provider relationships, but that their MLTC was approved for expansion

into that county. So two points there—one is that their MLTC was approved to operate because they already have existing contracts that are sufficient for them to operate and two, I raised the point and I'll raise it again, I'm loathe to ever say anything negative about VNS new York because I have great respect for them as providers, but, you know, it's clear that their MLTC has had some issues with fraud in the past and so if their primary purpose for being there is simply to support expansion of that MLTC, I would argue that now is not the time for us to expand it.

JEFF KRAUT: Thank you, Ms. Hines. Is there anyone else who wishes to speak in either Albany or Buffalo? OK. Any other members of the Council? Any other questions? Then I'll call for a vote. I'm gonna try to do all those in favor aye.

OK. Little light on the ayes. All those in favor… All those opposed, nay.

Nay.

JEFF KRAUT: Alright. OK. I'm—let me just do it for the record so in case the applicant, can you do a role call? Well, let me just, I'll go to… I'll do it. Dr. Strange.

DR. STRANGE: Nay.

JEFF KRAUT: Dr. Palmer.

JOHN PALMER: Nay.

JEFF KRAUT: Dr. Gutierrez.

ANGEL GUTIERREZ: Nay

JEFF KRAUT: Dr. Shah

NIRAV SHAH: Yay.

JEFF KRAUT: Yay. Dr. Bhat.
No.

JEFF KRAUT: Dr. Boufford.

JO BOUFFORD: Yay, Aye.

JEFF KRAUT: Aye. Dr. Torres.
Dr. Berliner.

HOWARD BERLINER: Nay.

JEFF KRAUT: Dr. Martin.

GLENN MARTIN: Nay.

JEFF KRAUT: Dr. Boutin-Foster.
Dr. Grant.

DR. GRANT: Nay.

JEFF KRAUT: Dr…. Ms. Hines.

VICKY HINES: Nay.

JEFF KRAUT: Dr. Rugge.

WILLIAM STRECK: Jeff, Dr. Rugge had to leave the room, but he did vote nay before he left.

JEFF KRAUT: Well, I think it’s a moot issue, actually. So, what do we have? We have ten nays. OK, so we have ten nays; the motion fails. OK, so the application is not approved. It just goes forward. What’s the correct statement? It has no recommendation for—it failed the motion from the full Council.

CHARLIE ABEL: So this…

JEFF KRAUT: So disapproved.

CHARLIE: Well, no…

JEFF KRAUT: It’s not disapproved, I am sorry. It’s a recommendation for establishment. It goes to the…

CHARLIE ABEL: Jeff, this is an establishment application, so it needs— ordinarily needs recommendation or decision by the PHHPC. This no recommendation is a lack of a decision.

JEFF KRAUT: OK, so we can’t put them in limbo, so that was an application… a motion for approval. I will entertain another motion.

VICKY HINES: This is Vicky in Rochester.

JEFF KRAUT: Yes.

VICKY HINES: I will suggest that we disapprove the application as recommended.

JEFF KRAUT: We have a motion.

DR. GRANT: Second.

JEFF KRAUT: We have a second by Dr. Grant. Is there any discussions on the motion for disapproval? OK. Hearing none, I'll call… I am going to reverse it. All those in favor, if you can indicate by saying "aye."

Aye.

JEFF KRAUT: OK. And all those opposed?

NIRAV SHAH: Nay.

JEFF KRAUT: Nay, OK. So let me count the nays. I have Dr. Shah, Dr. Boufford, Dr. Torres. Is there any other nays? How many? Ten and three, and… I need a third. Alright… I need 13 affirmative votes, so now we have Dr. Rugge is out of the room.

WILLIAM STRECK: Dr. Rugge has just returned to the room.

JEFF KRAUT: Dr. Rugge, there's a… I don't know how you voted. Dr. Rugge, there's a motion on the table to— what is, what's the right term? To disapprove the application. The motion failed to approve it, so we now have a motion to disapprove it.

JOHN RUGGE: Waiting for me, then?

JEFF KRAUT: Yes, sir.

JOHN RUGGE: Yes. Yes.

JEFF KRAUT: It should be disapproved?

JOHN RUGGE: Yes.

JEFF KRAUT: OK.

NIRAV SHAH: That’s consistent.

JEFF KRAUT: Are we still ten to…? Ten to four. So there is, we can’t have… Eleven to three.

It’s eleven to three… it will not pass. We need thirteen affirmative votes. I would like to make another motion. I will entertain yet another motion. Well, can I bring— What happens? Can I bring it back for a vote to the Council? Cause if there’s a basic problem here. This is an establishment application. This goes into regulatory limbo. It’s unfair to the applicant, it’s unfair to the process to some degree. We either, you know, we

either have to get enough to vote it yes or no and so do I try when we're back together another month to bring it back for the last motion, which is to disapprove?

CHARLIE ABEL: You can certainly…

JEFF KRAUT: Or approve, you could give any motion.

HOWARD BERLINER: I am not sure what you mean by regulatory limbo.

JEFF KRAUT: So, the… Mr. Abel could you explain this better than I cause I know I will not be as articulate.

CHARLIE ABEL: Sure. The… absent a recommendation for approval that is carried by the PHHPC on an establishment approval, the— if there was a disapproval that was carried by the PHHPC, the applicant would have appeals rights and be able to take this to a hearing where you'd have, you'd also have conflicting recommendations. The Department recommends approval and the PHHPC would recommend disapproval. So that's clear, but without a decision, and a no recommendation is really not a decision, it really can't move forward to the appeals process for the applicant. We did have situation like this in the past. Long Island Hand, ambulatory surgery you may remember, which

after… after litigation was brought back to PHHPC and the PHHPC finally recommended… made a….

JEFF KRAUT: Affirmative recommendation.

CHARLIE ABEL: Made its decision.

JEFF KRAUT: So, Mr. Abel, what I'd like. So this is what I am going to suggest. Out of fairness to the process and the applicant, I am gonna ask those people who voted against the motion if they'd like to recognize in the preponderance of the votes and where we are so that people who voted no on the motion to disapprove, if they were to change their vote to yes, and we'd at least have an action that allows the applicant to proceed in the appeal hearing. And if what we need is another motion to disapprove, I will bring it back for a vote.

ANGEL GUTIERRZ: I so move.

JEFF KRAUT: So Dr. Gutierrez makes a motion to disapprove the application. Is there a second? There is a second, Dr. Torres. Is there any discussion? Remember if we do not have 13 affirmative votes on the disapproval where in this regulatory limbo that Mr. Abel described. It isn't, I am just asking would you like to revote the motion, reconsider the

motion given the information you were just given. Just a little more… at least now, you know, you are flipped over your cards and now you, you know, you're playing like a six-year old. OK. All those in favor of the motion to disapprove the application, say yay.

Yay.

JEFF KRAUT: Is anyone opposed? Any nays? No. Any abstentions? None. Hearing none, the motion carries. The application is disapproved. Application— Yes, well, limbo exists if you want it to exist, which is not a good thing for the process. Yeah. OK. OK, just I am gonna group the next two construction applications: 132267C, Linden Center for Nursing and Rehabilit…. Oh, can you ask Dr. Streck to return? Sorry.

Sorry. Application….

Application 132267C, Linden Center for Nursing and rehabilitation in Kings County, to permanently certify RHCF beds, which have been operating on an emergency basis since Superstorm Sandy, bringing the total bed compliment to 280. Application 132187C, Winthrop University Hospital in New York County. To certify a Cyberknife radiosurgery linear accelerator services extension clinic to be located on Amsterdam Avenue in New York. OHSM recommended approval with conditions and contingencies. The Establishment Committee recommended approval

with conditions on the Linden and approval with condition and contingences with one member abstaining on the Winthrop, and I so move.

I have a second, Dr. Gutierrez. I am sorry, it’s up to you. Dr. Gutierrez.

WILLIAM STRECK: A motion and a second. Is there further discussion on the motion?

JO BOUFFORD: Can I have a question.

WILLIAM STRECK: Dr. Boufford.

JO BOUFFORD: Yeah, I just wondered if we could, if staff could comment on need for the Winthrop extension clinic in the proposed loation.

JEFF KRAUT: We could separate them if you want.

JO BOUFFORD: OK, fine. Can we… should I ask that or no?

JEFF KRAUT: Well, it’s up to you.

JO BOUFFORD: I just want a piece of information first and we can do that. I mean, it’s a subspecialty clinic and a sort of busy neighborhood. Perhaps…

CHARLIE ABEL: Sure, well, the Department's need criteria for ambulatory surgery centers and, remember, you know, we're bringing both the freestanding non-hospital related as well as the hospital related freestanding ambulatory surgery centers to the PHHPC for recommendation. The criteria is for the applicant to be able to demonstrate sufficient surgical referrals and physicians to perform the surgeries to make the facility financially feasible. So, it's… there's no, you know, per capita or population-based need criteria for ambulatory surgery centers. It's really a demonstration that it can, it will drive sufficient volume to be financially feasible and that's the standard that was met with this application.

JO BOUFFORD: And the location of Winthrop Hospital is on Long Island. Is that correct?

CHARLIE ABEL: It's in Nassau County.

JO BOUFFORD: In Nassau County. And they are establishing an extension clinic, am surg clinic in Northern Manhattan, is that correct?

CHARLIE ABEL: In Manhattan, yes.

JO BOUFFORD: And so how is, are there referral arrangements, you know, back up arrangements or partnerships with other entities in the neighborhood or not?

CHARLIE ABEL: No, there would have to be. I am not sure if…

JO BOUFFORD: That's the part that seemed a little unusual to me, but I guess if there are no criteria, maybe that's something we need to talk about.

CHARLIE ABEL: It has to be defined for the Department to make a recommendation for approval. Their referral. In case of emergency.

JEFF KRAUT: Dr. Streck.

WILLIAM STRECK: Yes. We just seem to lose . Can you catch us up here.

JEFF KRAUT: Yes. Dr. Boufford's question was answered by Mr. Abel.

WILLIAM STRECK: Thank you. So there is a motion on the floor. It has been seconded. Is there further discussion?

Hearing none, those in favor of the motion as presented, please say aye.

Aye.

WILLIAM STRECK: Opposed? Abstentions? One.

JEFF KRAUT: Dr. Boufford abstained.

WILLIAM STRECK: As does the chair. Motion passes. OK.

JEFF KRAUT: Motion passes. OK. Alright, I am gonna take us home on the next vote. Application 132134B, Moshenyat, LLC, d/b/a Moshenyat Gastroenterology Center in Kings County. It struck a single-specialty am-surg center. OHSM and the Committee recommend conditional and contingent approval with an expiration of the operating certificate five years from the date of its issuance was recommended. Application 131284B Lisanti Health Care, Inc., Kings County) to establish and construct a D&TC. Application 132080B Broadway community Health Center, New York County, to establish and construct a D and TC. Application 132166E Williamsburg Services, LLC, d/b/a the Bedford Center for Nursing and Rehabilitation Center, to be established as the new operator as the Kesser Nursing and Rehabilitation Center. Application… all of those were with approval with a condition

and a contingency for related restated articles of organizations, the Plastic Surgery center of Westchester where approval was recommended. The certificate of incorporation of the Montefiore Foundation, approval was recommended by the Committee and OHSM. And the following applications for home health agency licensure: 1565L, 1646L, 1657L, 1709L, 2092L, 1928L, 2139L, 2224L. OHSM and the Committee recommend approval with a condition… with a contingency and I so move.

ANGEL GUTIERREZ: Second.

JEFF KRAUT: I have a second, Dr. Gutierrez.

WILLIAM STRECK: A group of applications has been batched in this motion. Is there discussion by any council member on any of these items included here? We have a motion and a second on the floor. Those in favor of the motion as presented, please say “aye.”

Aye.

WILLIAM STRECK: Opposed? Abstaining? The chair. Thank you. Motion carries.

JEFF KRAUT: Doctor…. that concludes the report of the Establishment and Project Review Committee.

WILLIAM STRECK: Thank you, Mr. Kraut. Thank your Committee for the diligent work that has preceded this meeting and that the Committee has managed to sustain onward into the next meeting, additional opportunities. I think that that concludes our regular agenda, but with Dr. Shah's arrival there, we would be remiss if we did not ask Dr. Shah if had comments for us, so Dr. Shah.

NIRAV SHAH: Thank you, and thanks for everyone braving the weather to join us in person and for those of you watching on the video conference, good for you. It's been a few weeks ago when, actually feels like a longer time ago, I testified in front of the, and defended the Department of Health's budget, and about three-and-a-half hours into the testimony, you know, it came to me just how great the scope of the Department of Health is and I just wanted to share some of the things that we're working on and thinking about. One of the most important initiatives that we're working on that many of you know about is the State Health Innovation Plan. It is our plan to help transform the health care delivery system in New York State over the next five years and with it we— it is our, essentially our road map to achieving the triple Aim and we're looking to

achieve the top quartile in performance among states for adoption of best practices and outcomes in disease prevention and health improvement, reduce hospital admissions by at least 20 percent within five years, generate between $5 and 10 billion in savings by reducing unnecessary care, shifting care to appropriate settings, and curing the increases in unit prices for health care products and services that are not tied to quality. Obviously, this is a work in progress. We continue to get feedback from many folks. We look forward to a submission to CMS in the coming months with this plan, but regardless of that submission, we plan to move forward in developing advanced primary care models, integrating behavioral health into physical health, and all the other five pillars and three enablers of that plan. If you haven't had a chance to yet, I again encourage you to go read at least the first 23 pages of the executive summary. That is our road map and we are fitting in to that and aligning with it all of our other major initiatives, including our DISRIP waiver, including our Public Health and Prevention Agenda Items, including thinking forward about VAPP and other opportunities across the Department going forward. It all needs to be aimed toward the Triple Aim and the SHIP is our roadmap. So, stay tuned. We will convene around the SHIP in the coming weeks and months. We look forward to engaging with stakeholders in different ways than we have to date, and in more meaningful ways to continue to evolve our plans, but I think that has and

will be our major efforts in the coming years for the Governor's health agenda. Part of that is regional health collaboratives, the RHICs, and we are continuing to evolve that as well. We've had a very successful model which you know of in Rochester with the Finger Lakes HSA and now with the North Country Commission, with the work they've been able to do over the past two months in trying to understand the situation in the North Country, understand how we can do to evolve the healthcare delivery system there to meet both the short term acute needs that are related to stability and financing of the system, but that intermediate and long term needs to proactively meet the health challenges of the North Country which have evolved.

The waiver, stay tuned. Home stretch. The $10 billion, we're not settling for less, and February is our deadline. The Governor has made it very clear that we need the answer from the Feds within 30 days and so that is actively progressing on all fronts, and you may have heard, it is not tied to any DD look-backs or anything else. It's $10 billion. And we're sticking to that number.

We have looked – I will actually, talk about the end of AIDS proposal just for a minute in this forum. The Governor has advanced thinking about how New York State can continue to lead the way in challenging the epidemic. New York State is the epicenter or the AIDS epidemic, and nearly 150,000 New Yorkers live with HIV or AIDS, probably about 20,000 who don't even know

their status. To the extent that we are now within reach of having all the tools in our toolbox to start to decrease prevalence. That means, have the prevalence of AIDS at less than 0.5 percent by 2020. That means we'll ultimately reach a decrease in the number of people living with HIV and AIDS. This is a very big deal. New York will be the first state to announce this when we are ready. We have had very successful conversations with Gilead and other manufactures about drug pricing. The Governor yesterday announced rent subsidies for HIV AIDS capped at 30 percent of their income. There are other initiatives around condoms, decriminalization of syringes that are in progress, and the comprehensive proposal we will put together under this Governor's leadership will be the international model. We've seen it with Polio, we've seen it with Small Pox, we will see it with AIDS in our lifetime, and hopefully by 2020 right in New York State. One number I want you to remember, and that's two, that's the number of babies born last year in New York State with HIV and AIDS. Out of over 240,000 live births we're winning the war. We can do it together. And with this Governor's leadership we will be able to make that commitment very soon.

Internally to the Department we're working on many lean processes including with CON redesign and I think you'll see some of the results of the various kaizen that we are doing in terms of the processing of CONs. It is something that has

taken hold of healthcare delivery, lean and kaizen and Toyota's techniques and we are trying to reflect that within the Department of Health. Our own Bob Schmidt is leading the charge in OHSM with the Certificate of Need redesign.

I want to congratulate PHHPC's health planning committee for making recommendations around ambulatory care services. Last month several recommendations were voted on for further considerations and that will help reshape ambulatory care in New York State, help us to evolve and meet the needs of the million more New Yorkers who will have insurance cards under the exchanges and the regulations have been based really on five basic tenets and those include patient safety and quality, transparency to consumers, stabilization of the medical home, support of the safety net, and health information technology integration. Very exciting work, and again, a national model. A lot of friends from around the country have reached out to say how is New York doing this? How can we do this? How can we advance it in our own states? I'll leave that as end of my report and welcome any questions. Thank you.

WILLIAM STRECK: Questions or comments for the Commissioner.

NIRAV SHAH: Dr. Palmer.

JOHN PALMER: Any update on medical marijuana?

NIRAV SHAH: The question related to an update on where we are with medical marijuana. As you know, the Governor has charged the Department of Health to bring the 1980 law into effect which will allow under current existing statute, the Department of Health to set up a research and demonstrations project that will allow New Yorkers who merit consideration for treatment with medical marijuana to receive it. The pilot is scheduled to launch across 20 hospitals in the State of New York within one year. We've had continuing conversations with hospital associations, with patient advocates, and with many other experts around the country on how best to bring this about. We realize that sourcing from the federal sources for marijuana are the fastest way to get something up and running in the State of New York, and we are looking to continue to provide formal mechanisms for evolving our thinking on this research and demonstration project that will allow us to prove the efficacy of medical marijuana in certain circumstances and thereby set a broader standard, rather than the ad-hoc or questionable use of some of these treatments prescribed to date. New York is gonna do it right; New York is gonna work with the feds to make sure we have all the approvals that hospitals who have NIH funding aren't at risk because they're doing something that is approved by the feds, and we'll have it up and running within a year.

WILLIAM STRECK: Other questions or –

GLENN MARTIN: So, I'm glad you mentioned the Health Insurance Exchange and how successful it's been in New York. Actually my daughter has been able to take advantage of it with a little bit of technical assistance required. But I heard a disturbing report and didn't really concentrate on it but I think it was Stony Brook University Hospital is not participating in any of the plans, which struck me as perhaps not unique to Stony Brook, a little bit odd since it's sort of a state university, would be doing that, and I'm just wondering, and again, it's not necessarily DOH, it's insurance, it's all sorts of things, but just the general issues with the actual coverage that people can get and in that part of the Island that's probably the biggest player in town. And just what's being done about that as a public health issue?

NIRAV SHAH: So, as is not surprising the press reports are not always accurate and in this case, again, they're not entirely accurate. I've been in contact with the CEO and others involved in the situation. I understand that there is something that's already been signed with at least one insurance plan and ongoing negotiations are happening with others. So, it's

inaccurate again. Stony Brook has signed up as has Westchester as has other that have been in the press.

JEFF KRAUT: Dr. Strange.

DR. STRANGE: Hi, good morning Dr. Shah. Just maybe can you comment on what's going on in the Brooklyn marketplace? As that somebody who provides care in that marketplace has heard a lot of the angst of the community at all levels there and we're not hearing much in the way of – I mean, we've heard proposals, a lot of the press issues, political issues, but where are we in the Brooklyn marketplace?

NIRAV SHAH: So I assume you're referring to the various hospitals and what's going on. I think, you know, to the extent that we –

WILLIAM STRECK: Pardon me, Dr. Shah? Could you repeat the question? We just have a little sound –

NIRAV SHAH: Sure. The question referred to what's going on in the Brooklyn marketplace and what's, you know, there's angst in the community. We continue to be engaged in the process at every level, and there have been some positive developments over the last few days. Things have been moved,

certain hearings have been postponed for reasons for another day or two as you are aware from the press, and that suggests to me that we're closer to some positive resolutions of some of the big issues. Again, it's a work in progress. There is going to be a lot that's dependent on the waiver funds as well in terms of the actual transformation that's needed, but the reality is that we have been making progress. It's not as fast as anyone would like, but it is progress across, I would say, almost every single front.

DR. STRANGE: So just to comment then, on some of our work that we've done at the Public Health Council as it relates to primary care development and access into the community, because it's really not just all about hospitals. It's about a comprehensive network about population health, all of that. I would hope that some of that is understood and that the survival of any one hospital in any community although may be important to that community, isn't the end-all in terms of what we're speaking about here.

NIRAV SHAH: Thank you. Yes.

DR. BHAT: Thanks Dr. Shah. In one of your earlier times you have mentioned about housing as part of your

plan. Is anything happening with that or it's just, I think the feds did not want anything to go to the housing sector.

NIRAV SHAH: So, Dr. Bhat mentioned housing, supportive housing as part of the waiver. In earlier iterations of the waiver document we had looked to the feds to expand our housing proposal to the tune of about three-quarters of a billion dollars over the next five years. We realize, and the Governor has made a commitment to supportive housing. We have in this budget $100 million for this coming year and $160 million in this next year toward supportive housing. We've also internally worked, and I continue to meet personally with the folks across OTDA, OMH, OHIP, all the different O's across the agencies that are responsible for making sure that these dollars are spent responsibly, that we are maintaining the right kinds of data so that the right folks are getting the services in real time. For example, we know that HIV AIDs patients, they're about 50 units going to be opened up starting April 1 to the extent that we can start to quantify the benefits in better ways than we have in the past. I've asked for both internal and external research advisory committees to be formed where we have strict evaluation of the dollars being spent, how they're being used, and how they relate to outcomes in ways that no one's ever done it in the past. The New York State Health Foundation has been a partner. They're sponsoring I believe on the 25th a forum with Liz (Misa)

and Kelly (Dorin), a panel discussion on supportive housing in New York State. Again, an area where we're very proud to be the leaders in the country. The feds will eventually get around to it and we're making sure that we do everything we can to give them what they need to support this model.

JEFF KRAUT: Dr. Streck, there's no other questions for the Commissioner down in New York City.

WILLIAM STRECK: Thank you, other questions from members of the Council at any other sites? Hearing none, thank you very much Commissioner. And that will conclude our meeting of the Public Health and Health Council meeting, Council today. I would ask the public to leave. The Council does have to have an executive session over a 2801B item but we are most appreciative of the efforts made by all to attend this meeting, and we look forward to our next meeting where we – this type of weather will not be a dilemma. Thank you very much. We are adjourned.

[end of audio]